

Foster Family Home - Corrective Action Report

Provider ID: 3-527210

Home Name: Florie Domingo, CNA

73-4334 Napoo Place

Kona

HI 96740

Review ID: 3-527210-7

Reviewer: Lori O'Keefe

Begin Date: 10/8/2019

Foster Family Home

Required Certificate

[11-800-8]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Recertification inspection conducted today, 10/8/19 of this 2 bed home. A corrective action report was issued via email on 10/8/19. A written corrective action plan is due to CTA by 11/8/19.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1, 8.a.2 - CG #3 had a lapse on the APS/CAN. This was due by 3/1/19 but not done until 7/10/19. The state name check (eCRIM) lapsed as well. This was due by 2/23/19 but not done until 5/20/19.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.7 - CG#3 had a lapse of the TB clearance. Due by 5/25/18 but not done until 8/5/19.

41.b.8 - CG#1 had a lapse of CPR/FA training. Due by 7/1/18 but not done until 9/21/18

41.b.8 - CG#2 has no evidence of current first aid training on file. The last is dated as expiring on 1/1/18.

Foster Family Home

Records

[11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.c.6 - Daily documentation on the care and observation flow sheets has not been completed since 8/3/19 for client #1 and there is no daily October flow sheet initiated for client #2.

Lori O'Keefe
Compliance Manager

Heather T...
Primary Care Giver

10/8/19
Date

10/8/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed In Corrective Action Report
Chapter 17-1454

CCFFH Name: Florie Domingo

CCFFH Address: 73-4334 Napoo place Kailua Kona HI 96740

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1 8.a.2	Lapse cannot be corrected.	10/31/19	I understand the background check and criminal records check requirements. I will use Renewal Reminder Form to prevent any future lapses.
41.b.7 41.b.8	Lapse cannot be corrected. CG #2 Has done her FA training and certificate has been put into provider binder.	10/31/19	I will use the Renewal Reminder Form to input all due dates 2 months before expiration to allow time to get them done before they are due.
54.c.6	I completed the daily documentation and observation flow sheets for client #1 and October flowsheet for client #2. Forms are placed in client's binders.	10/31/19	I developed a strategy by clipping monthly documents into clipboard to ensure documentation is done daily.

Primary Caregiver's Signature: _____

Print Name: Florie Domingo

Date of Signature: 11/01/19